

**ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS**4205 N. 7th Avenue, Suite 305

Phoenix, Arizona 85013

(602) 589-8352

FAX: (602) 589-8354

www.ot.az.gov**APPLICATION FOR RENEWAL OF LICENSURE AS AN OCCUPATIONAL
THERAPIST OR
AN OCCUPATIONAL THERAPY ASSISTANT**

CHECK ALL THAT APPLY	RENEWAL APPLICATION	FEE
RENEWAL APPLICATION**		
	OCCUPATIONAL THERAPIST	\$200.00
	OCCUPATIONAL THERAPY ASSISTANT	\$100.00
INACTIVE APPLICATION*		
	OCCUPATIONAL THERAPIST	\$ 25.00
	OCCUPATIONAL THERAPY ASSISTANT	\$ 15.00
Total Amount Submitted		

*License must be current to apply for inactive status

** Must provide proof of completion of educational requirements

PERSONAL INFORMATION (Type or Print)

RENEWAL APPLICATIONS:	License No.	
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Name	Last	First	Middle		
Other names used	Maiden	Also Known As – AKA			
Home address	Number/Street	City	State	Zip code	
Telephone Number	Home	Work	Cell		
Email address					
Social Security Number		Date of Birth (mm/dd/yy)			
Gender	Male	Female	US Citizen	YES	NO

Attach required statement of citizenship and alien status along with selected proof of status.

The State Attorney General has determined that in order to be in compliance with the law, documentation MUST be submitted with initial application AND/OR with a license renewal if not previously submitted. If previously submitted and no change has occurred, sign the following affirmation statement.

POSITIVE AFFIRMATION OF NO CHANGE IN STATUS

Be signing below, I certify that the document(s) previously submitted are correct and still applicable to my citizenship status or right to work in the United States.

Signature

Date

Note: If you have not previously submitted the citizenship status or right to work paperwork, you should do so instead of signing this statement. The necessary forms are available on the website: www.ot.az.gov.

CURRENT EMPLOYMENT (Type or Print)

Name of Employer		Employer Phone Number		
Employer Address	Number/Street	City	State	Zip code

CONTINUING EDUCATION

Pursuant to A.R.S. §32.3426 and in accordance with A.A.C. R4-43-203(A)(1)(2), an occupational therapist shall complete 20 clock hours of continuing education for renewal of a 2-year license; and an occupational therapy assistant shall complete 12 clock hours of continuing education for a renewal of a 2-year license.

A. Professional workshops, self/formal study courses or video presentation, see R4-43-203(D)

Hours Names of professional workshops, self/formal study courses or video presentation

B. Completion of an undergraduate or graduate course at a college or university, see R4-43-203(D)

Hours Course Title

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Proof of a grade "C" or better, and a personal statement describing how the course extends the licensee's professional skill and knowledge is required.

C. Publication of a book, see R4-43-203(D)(5)(a) – max 10 clock hours, must include copy of book

Hours Title of book

		Maximum of 10 hours
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D. Publication of a chapter of a book, see R4-43-203(D)(5)(c) – max 5 clock hours, must include copy of chapter

Hours Title of chapter of the book

		Maximum of 5 hours
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E. Publication of an article, see R4-43-(D)(5)(b) – max 4 clock hours, must submit copy of article

Hours Title of the article

		Maximum of 4 hours
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F. Publication of a film or video tape, see R4-43-203(D)(5)(d & e) – max 6 clock hours, must submit copy of video

Hours Title of the film or video tape

		Maximum of 6 hours
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G. Presentation of a course or program, see R4-43-203(D)(6) – not less and 1.5 hours in duration for a max of 4 clock hours, must submit brochure, agenda, or similar describing a. content of presentation, date, duration and location of presentation, name of presenting licensee or a signed certificate or letter from the program organizer

Hours Name of course or program presented

		Maximum of 4 hours
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H. In-Service, see R4-43-203(D)(7) – relating to clinical occupational therapy services excluding safety, fire evacuation, and cardiopulmonary resuscitation (CPR), max of 4 clock hours must submit a. A letter from supervising occupational therapist or other immediate supervisor and; b. a licensee statement of specific topics, presenters, dates, times, location and how the training or in-service relates to the clinical practice of occupational therapy or contributes to professional competency.

Hours Name of the In-Service Attach a statement

		Maximum of 4 hours

I. _____ TOTAL OF ALL TRAINING HOURS

DISCIPLINARY QUESTIONS

Before answering the next questions, read the following: **The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.**

1. Since your license was granted or your last renewal, whichever is later, have you been convicted, entered a plea of guilty, nolo contendere or no contest or have you been sentenced, served time in jail or prison, or had prosecution deferred in any felony or undesignated offense?

☐ Yes ☐ No

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction indicating type of conviction, conviction date, and sentence including the date of absolute discharge of the sentence for each **felony** conviction with your application.

2. Since your last renewal, have you had any drug or alcohol related convictions?

☐ Yes ☐ No

If yes, provide a **written explanation** of the details of each conviction and sentence. Return the written explanation and court documents for each conviction indicating type of conviction, conviction date and sentence.

3. Are you currently under investigation or is a disciplinary action pending against your Occupational therapy license you hold in any state or territory of the United States?

☐ Yes ☐ No

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

Please be advised that failure to provide the requested documents will delay the processing of your application.

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of occupational therapy and obey the laws of the State of Arizona and the Rules established by the Board of Occupational Therapy Examiners; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

AND

AFFIDAVIT OF APPLICANT

I, _____, under oath, do promise and swear that if this application is accepted and if I should be granted a license to practice as an occupational therapist or an occupational therapy assistant in this State, I will obey the Laws of the State of Arizona as they relate to the Board of Occupational Therapy Examiners and the associated rules established by the Board of Occupational Therapy Examiners, and maintain the honor and dignity of the profession. I have read these Arizona Revised Statutes and Rules and agree to be held accountable for any actions that may violate these Statutes and Rules.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my license may be suspended or revoked by the Board at any time. By virtue of this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Board of Occupational Therapy Examiners to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I understand that my application is a public record. Further, I authorize all current and previous employers to release all relevant information about my employment to the Board (including moral character competency and reason for termination of employment, if applicable). I further state, under penalty of perjury, that all statements made by me and exhibits attached within this application are true, complete, and accurate.

Signature of Applicant: _____ **Date:** _____